

| CONFIDENTIAL INFORMATION |
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RETRO 🗌 YES 🗌 NO

BlueCare Plus (HMO SNP)SM Outpatient Therapy Request Fax Form

| Member Name | | | Date of Birth | |
|---|-----------|----------------------------|---------------|--|
| | | | | |
| Member ID Number | PFFS | | LPPO | |
| | | | | |
| Diagnosis | ICD9 Code | | ICD10 Code | |
| | | | | |
| Surgery Procedure | | Surgery Date | · | |
| | | | | |
| Service(s) requested | | Number of visits requested | | |
| | | | | |
| Dates of service(s) | | | | |
| | | | | |
| Please attach the following items as applicable: | | | | |
| Physical Impairments Evaluation and Notes Short Term and Long Term Goals Treatment Plan | | | | |
| Extension: Is patient compliant w | vith HEP? | If no, list barriers: | | |
| | | | | |
| Facility/Agency Name | | Address | | |
| | | | | |
| Facility/Agency Provider Number | | | | |
| | | | | |
| NPI Number | | Tax ID (last 5 digits) | | |
| | | | | |
| Phone | | Fax | | |
| | | | | |
| Contact Person | | | | |
| | | | | |
| Requesting Physician | | Provider Number | | |
| | | | | |
| NPI Number | | Tax ID# (last 5 digits) | | |
| | | | | |
| Phone | | Fax | | |
| | | | | |
| If a Retro request, please provide explanation | | | | |
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| L | | | | |

H3259_15_UMopattherapyfax (9/15)

BlueCare PlusSM Utilization Management Department Telephone Number (866) 789-6314 | Fax Number (866) 325-6698

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BlueCare Plus Tennessee, an Independent Licensee of the BlueCross BlueShield Association

BlueCare Plus Tennessee is an HMO SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in BlueCare Plus Tennessee depends on contract renewal.